

**Wilford Hall Medical Center
Clinical Psychology Residency (Internship) Program
Applicant Open House Program**

Wilford Hall Medical Center Department of Psychology will host two Applicant Open Houses for those who would like to visit the department, meet the faculty and students, and receive an in-depth look at our program offerings.

All applicants who are interested in visiting Wilford Hall and learning more about our internship program are urged to arrange their visits during one of these open houses. *Visits outside of these open house periods will be accommodated, but will be more difficult to arrange, and will be more limited in content.*

Each open house will begin with an optional reception (the evening before the program) for those arriving early. The main day's schedule will include presentations describing the program as a whole, major rotations, electives, and other elements of the program. Time will be available for individual or small-group meetings with key faculty, and with current residents. Applicants must make their own hotel and transportation arrangements, at their own expense. Check with your recruiter about reserving on-base accommodations, which may be possible for a minimal fee.

The *required "Senior Consultant Interviews" cannot be done at either open house. Discussions with the training director during the open houses do not take the place of this required interview. Please make separate arrangements for this interview with one of the three Air Force Internship Training Directors. These interviews may be done by telephone.*

Applicants are not obliged to attend these sessions. An on-site interview is not required for equal consideration for admission to the Wilford Hall program. The individual interviews that are required for completion of application materials can be done by any of the training directors at the three AF internship sites, and can be accomplished by telephone or in person at times other than the Applicant Open House programs. Our own data show that applicants do not adversely affect their chances of admission to the Wilford Hall program should they choose to interview by phone rather than in person, or with a training director other than Dr. Klepac.

Dates: TBA

Times: Day 1 - social hour at Hyatt Hill Country Resort
Day 2- presentations/ meetings with WHMC personnel

Place: Wilford Hall Medical Center, San Antonio, Texas. (specific rooms to be announced)

Information: Dr. Robert Klepac 210/292-5949. or bobappic@aol.com (Training Director).

Please clip and return the form below as soon as possible, and no later than one week before the session. Keep the information above for your records. Further information will follow.

Name: _____

Graduate program: _____
School, degree program (PhD/PsyD), and area (clinical/counseling/combined professional psychology)

Session (circle one): Dec Jan Your e-mail address: _____

Mailing address: _____

Telephone: Home: _____ Office: _____ Best times to call: _____

Return ASAP to: Robert K. Klepac, PhD., Dept. of Psychology/MMCP, Wilford Hall Medical Center, Lackland AFB, San Antonio, TX 78236. FAX 210/292-5109 or 7211. E-mail bobappic@aol.com

Wilford Hall Medical Center

Lackland Air Force Base

San Antonio, Texas



A psychology internship in the generalist tradition

Named "2002 Outstanding Training Program" by The Association for the Advancement of Behavior Therapy

Available experiences include:

Clinical health psychology, Neuropsychology
Outpatient psychology, Inpatient psychology
Primary care psychology, Research, Others

**Accredited by the American Psychological Association since 1973
Member, Association of Psychology Postdoctoral and Internship Centers**

Some Benefits of a Wilford Hall Internship

- Excellent salary: Currently \$45,900+ (*33% tax free*)
- Medical/Dental care for self & family
- Moving expenses to/from internship
- Highly varied training within a generalist model
- Electives - allow emphases of your choice
- "Distinguished Visiting Professor" speaker program
- Empirically-based model of training and practice
- Student loan repayment program
- Commissary & exchange privileges
- Licensure supervision following internship
- Guaranteed first job - high level of responsibility
- Federal holidays off
- 30 days paid vacation (10-15 during internship)
- Travel - Paid conference trip
- Excellent preparation for civilian or AF career
- Excellent Air Force career opportunities
- Postdoctoral fellowship possibilities • Outstanding retirement benefits

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Wilford Hall Medical Center Residency Brochure

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Introduction

The first part of this brochure deals with matters specific to Wilford Hall's internship program. A later section, towards the end of the brochure, provides information that applies to all three Air Force internship programs, including stipends, fringe benefits, and other general matters, including application instructions and forms.

The Wilford Hall residency (internship) program stresses solid career preparation for the practice of psychology in any setting, military or civilian. Approximately 50% of our graduates move to civilian positions following their initial job assignments, whereas the other half elect further experience and possible careers in the Air Force. Our program is designed to prepare you to assume responsible positions no matter which of these directions you may later choose. In fact, civilian consultants to our program have suggested that the Air Force may offer even better preparation for civilian careers than more traditional routes into the profession of psychology. Our graduates are given positions of responsibility and autonomy rare in other contexts, often participating in, if not leading, the planning of service delivery systems in addition to the more usual role of providing services.

This training "package" -- an outstanding residency followed by an extraordinarily varied and responsible work experience -- equips psychologists early in their career with skills and confidence far beyond those typical of a psychologist following more traditional entry-level career options. Upon completion of this "package," our graduates are usually licensed and very well prepared to compete effectively for civilian career opportunities or to pursue a challenging career as an Air Force psychologist.

Our nineteen-member faculty is young, energetic, and committed to the training program. Faculty members are active contributors to both the Air Force mission and to their profession. The rate of professional publications compares favorably to other clinical and didactic settings. Senior faculty provide seasoned guidance to the program, and represent it well to the larger psychological community.

With 12 resident positions, we are among the largest of the more than 500 internship programs listed in the


directory of the Association of Psychological Postdoctoral and Internship Centers. The quality maintained in this large and varied program is reflected in the highly complimentary accreditation reports that have followed our evaluations by the American Psychological Association, which has fully accredited the program since 1973, and through our award as the Association for the Advancement of Behavior Therapy's 2002 Outstanding Training Program award.

Our program is committed to a model of training and practice that emphasizes the empirical and theoretical foundations of psychological practice. This commitment is reflected in a very active program that emphasizes experiential training and nurtures the intellectual side of the scientist-practitioner balance, through seminars, lectures, discussions, and workshops often led by distinguished visitors to our facility from all over the world. We have adopted the guidelines developed in the 1989 Gainesville conference on the Scientist-Practitioner Model of Psychology Training. We have the setting, the faculty, and the support to offer superb preparation for a career as a psychologist in virtually any setting, military or civilian.

The program's dedication to the training of psychologists is reflected in its support of a "distinguished visiting professor" program, in which 12-15 nationally and internationally-known psychologists spend up to a week with our residents and faculty in lectures, consultations, and discussions. A similar program also available to psychology staff and residents is sponsored by our psychiatry department.

The Context

THE CITY OF SAN ANTONIO

San Antonio is a unique city. As the seventh largest city in the nation, it hosts a “big city’s” wealth of resources, yet manages to retain much of the quality of a smaller town. A civic ballet, a symphony, several theater companies, museums, a zoo, Sea World, Six Flags Fiesta Texas, shopping facilities ranging from “Too Good to be Threw” to Saks and Marshall-Fields, are all here, as are restaurants ranging from a converted Dairy Queen serving fantastic Mexican food at  gain basement prices to those with an opulence and grace to rival the best (and most expensive) in the country. Most cities of this size and diversity tend to organize life around suburbs or neighborhoods. San Antonians, however, see the city itself as the hub of social and cultural activity. The governor referred to the city as “the world’s largest block party.” City-wide fiestas, shows, and celebrations occur almost weekly.

The climate is typical of sunbelt cities: hot summers with moderate humidity, and gloriously mild, dry “winters.” The city’s gently rolling hills become more defined and rugged as one moves into the Texas Hill Country that begins at the city’s northern border, and flatten to seacoast plains as one moves south and east toward the Gulf of Mexico. Wild flowers and trees are plentiful. The medical and scientific community is large and active. The Southwest Medical Center houses several teaching hospitals including the University of Texas Health Science Center, a comprehensive training facility including schools of medicine, dentistry, nursing, and others. These facilities, along with several colleges, military, and VA medical facilities, and independent research institutes form the basis for San Antonio’s status as a center for biomedical training, research and development.

WILFORD HALL MEDICAL CENTER

Wilford Hall is the premier training and medical treatment facility for the Air Force world-wide. The population supported by the center is varied, including all ages and ethnic groups and most

socio-economic classes. More than half of this population are military dependents; roughly one-quarter are active duty Air Force personnel; and the remainder are retired military, civil servants, other uniformed service personnel, and foreign students attending the many training programs at Lackland Air Force Base where Wilford Hall is located. The active duty Air Force component of this mix comes to WHMC from the large local military population (Brooks, Kelly USA, Lackland, and Randolph Air Force Bases and Fort Sam Houston Army Post) and via referrals and medical air evacuation programs from regional Air Force medical centers throughout the world. The full range of psychological, medical, and dental problems are represented in this diverse patient population. The hospital and its comprehensive array of supporting clinics host residency programs in more than 55 medical and health-related specialties, including our own residency (internship) and postdoctoral programs. Collaborative training and research programs involving WHMC professionals and others from the surrounding medical and scientific communities are common. Both service and training programs at Wilford Hall and the nearby Brook Army Medical Center are being merged to create a state-of-the-art San Antonio Military Medical Complex.

Training and clinical investigative research are important parts of the Wilford Hall mission, and are strongly supported and respected. A million-dollar clinical investigation facility, housing animal laboratories, computers, and consultants for statistics and research design lies across the street from Wilford Hall, supplemented by biomedical engineers, information specialists, illustrators, and other research support facilities in the hospital itself. Services of these facilities, including mainframe and microcomputer support, are available to residents. A medical library is available in the hospital, providing a full range of services. The library has a good selection of

journals and psychology texts. Through the library's intranet website, there is excellent access to electronic search engines (e.g., OVID) and to full-text articles online.

THE DIVISION OF MENTAL HEALTH

Formerly, we were the Psychology Service within the Department of Mental Health, which was a part of the Division of Medicine. We then became among the first autonomous Departments of Psychology in military or civilian medical school/training hospital settings. The department resides within the Division of Mental Health, which includes the Departments of Psychology, Psychiatry, Social Work, and Neurology.

The Division also supports a four- year residency program in psychiatry. Although we emphasize our identity and activities as independent service providers, residents in the psychiatry and psychology departments work together in some rotations. Interactions with other professionals from primary care, dentistry, and the full range of medical specialties are frequent. The Division deals with a heavy flow of very diverse patients in its inpatient and outpatient clinics.

THE DEPARTMENT OF PSYCHOLOGY

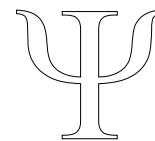
The Department, like the Center as a whole, is committed to training. Approximately 12 residents and two post-doctoral fellows in clinical health psychology are admitted each year, numbers made possible by the integration of teaching and supervision into staff workloads. Staff members are trained in a wide variety of specialties, and are familiar with a broad spectrum of theoretical orientations. This staff was described in a recent accreditation report (usually a very staid document) as "...a young, energetic, and enthusiastic staff with varied professional skills and interests, and a deep commitment to their training mission." Our residents were equally well-regarded by our site visitors, who reported: "They are, in general, a top quality, diverse group of individuals who highly value their training at Wilford Hall. ... They described the plentiful and generally excellent quality of supervision available to them. ... They have a sense of being a genuine part of the department and as being valued colleagues." A list of the staff and their backgrounds appears later in

this document, as does a list of current residents and the graduate programs in which they trained.

The department houses several services to which residents may be exposed during their year of training, including: Clinical Health Psychology Service; Behavioral Analysis Service (a basic trainee outreach clinic); Neuropsychological Service; and Behavioral Health Consultation Service. The Life Skills Support Center is also staffed by psychology, as well as psychiatry and social work. Training experiences may be drawn from other military and civilian services outside the department. The major services incorporated into the program are described in a later section of this brochure.

Facilities are excellent. Each resident has office space and a computer on his/her rotation, and rooms for observation, group treatment, conferences, and classes are readily available. Videotape and audiotape equipment, biofeedback apparatus, and other common training aids are available as well.

The training program, and opportunities to assume reasonable levels of responsibility in the job that follows, provide outstanding preparation for a career in the military or in the civilian psychological community.



The Program

PHILOSOPHY OF TRAINING

In 1994 the department adopted a formal statement of the training philosophy that has guided our program for more than 20 years. That formal statement appears as an attachment to this brochure. Applicants are encouraged to read it carefully, for it genuinely guides the development and conduct of our program.

The philosophy of training is based upon the policy statement that emerged from the Conference on Scientist-Practitioner Training in Professional Psychology held in Gainesville, Florida [See Belar, C.D., and Perry, N.W. (1990). *Proceedings: The National Conference on Scientist-Practitioner Education and Training for the Practice of Professional Psychology*. Sarasota, FL: Professional Resource Press.] The model assumes that the same self-critical, hypothesis-testing thought processes that guide good research also provide the best approach to clinical assessment and intervention. It is that application of scientific thinking, tempered with the discipline that comes from published research and a keen sensitivity to patient needs and welfare, that lies at the heart of what we strive to teach.

We strive to select residents who have solid university training in the production of scientific research along with academic and experiential background in the basics of clinical work. Although research experience is encouraged during the program, the program emphasizes the application of the model within an agency- based clinical practice. Military- specific applications are of course a focus, but the goal is to present all specific experiences in a way that encourages generalization of clinical problem-solving strategies across a wide range of problems, both familiar and novel. Hopefully, this combination of resident selection and training emphasis will produce psychologists capable of creative and productive work in both science and practice, though graduates, like faculty, may emphasize either or both of these specific activities throughout their careers.

The program emphasizes a scientifically based approach to practice rather than any specific theoretical model. Most of the faculty hold cognitive-behavioral or behavioral orientations, since these approaches grew out of the same philosophical model as our training program. The critical factor, however, is the scientific basis of practice, not its theoretical allegiance.

GENERAL DESCRIPTION

The clinical psychology residency is a year-long, full-time program, fully accredited by the American Psychological Association since 1973. Psychology interns are referred to as "residents" to reflect their equivalence in status and training to colleagues enrolled in the medical training programs within the center. In addition to the acquisition and refinement of conceptual and practical skills needed for the investigation, understanding, assessment, and modification of human behavior, the program is dedicated to

developing a strong sense of identity with the profession of psychology.

As implied in the foregoing, the primary focus of our training is mastery of a scientifically based and scientifically minded approach to all clinical phenomena. The means of accomplishing that goal is to model, tutor, and oversee each resident as s/he deals with a wide array of specific presenting problems, people, and assessment and intervention strategies. The specific range of such variables will vary across residents. All, however, will master several assessment and intervention strategies that are among the best-supported by formal research. Residents will learn about tasks and applications appropriate to the military communities that they will serve in their first jobs, but with an eye towards understanding the generality that allows them to apply what they learn to other military and civilian contexts as well.

Residents are encouraged to learn those skills needed to meet already-defined needs for human services, and in addition are taught to look for and pursue avenues wherein their skills and knowledge might be applied in new ways to the benefit of people whom they serve. Thus, in addition to supervision in assessment and treatment of inpatients and outpatients in mental health, residents will be supervised in establishing and maintaining consulting relationships with physicians, nurses, and other health professionals whose work may be made more efficient or effective through the application of psychological principles and procedures.

Although the continued enhancement of skills and knowledge through supervised practice is the heart of the program, several of the "intangibles" of full professional functioning are emphasized as well: a sense of personal and professional ethics and values; attitudes toward work, clientele, and colleagues; the blend of strong skills, firm identity as a psychologist and respect of other professions all are seen as critical to the residents' professional life.

The program strongly emphasizes supervised clinical experience; however, there is a careful balance between the practical, problem-solving tasks of clinical work and the intellectual, theoretical, and empirical bases of practice is maintained. Formal instruction in these foundations is conducted both on the clinical rotations and at the departmental level. Residents are encouraged to engage in empirical research during the residency year. Our goal throughout the residency is to integrate the intellectual and the practical in order to foster creative thinking in practice and research. On another dimension, we hope to provide clinical experiences which foster the sense of psychologist as expert hypothesis tester and innovator, avoiding the "technicism" and unreflective action which totally "how to do it" approaches can foster.

Several of the rotation placements are varied enough to permit residents to emphasize interventions, assessments, or populations in which they have particular interests, and every effort is made to strike a good balance between breadth of training and depth in areas of special interests when they exist.

Supervision on all rotations is extensive and intensive, and the nature of supervision is adjusted to each resident's needs as the rotation and the year progress. A minimum of two hours of individual supervision occurs in any given week, and the average number of supervisory hours per week is considerably higher. Resident ratings of both amount and quality of supervision have been consistently excellent.

In addition to the rotation supervisors, each resident works with a supervisor on each long-term therapy case, and the Training Director is available for supervision and consultation on clinical cases, research, career plans, and progress in the program.

The ongoing feedback emphasized in supervisory sessions is supplemented by a formal evaluation of each resident's progress toward specifically defined training goals at the mid point and end of each major rotation, and at the end of each minor rotation. The emphasis is upon provision of feedback helpful in building upon strengths and interests in addition to strengthening areas of relative weakness. During evaluation sessions residents are encouraged to provide feedback to supervisors and the Director of Training to help in improving the program.

A state-of-the-art medical center is a dynamic organization, and an effective training program capitalizes on new opportunities presented by changes in the setting and in the profession. Our training program in general, and our rotation system in particular, are therefore under constant review and refinement. Although changes have been evolutionary rather than revolutionary, the system described below may continue to evolve and change based upon our evaluations and the continuing growth in our profession and our setting.

GOALS AND OBJECTIVES OF THE PROGRAM AS A WHOLE

Each regular rotation has its own set of goals and objectives that serve as a template for guiding the experience on that rotation. Overall, the program aspires to teach the following competencies in pursuit of its overall training goals. We are in the process of re-evaluating and elaborating those goals and objectives. The current state of our thinking can be found in an attachment to this brochure entitled "Summary: WHMC Psychology Residency Training Model"

EXPERIENTIAL COMPONENTS: OVERVIEW

The internship year is divided into three, four-month rotation periods. Interns spend two of these periods in required rotations in an outpatient psychology service and

the Clinical Health Psychology Service. One month of the remaining four-month period is spent in the Behavioral Analysis Service; a second in Primary Care, Behavioral Health Consultation Service, and the other two months are spent in electives chosen in consultation with the Training Director. Electives must be chosen in a way that satisfies our assessment requirement. Each of these elements is briefly described below. The rotation system is illustrated in the table appearing on the following page, that describes the current year's residents' scheduled rotations.

Each rotation has its own set of specific learning objectives for the interns. These objectives are shared with interns at the beginning of the rotation, and evaluation consists largely of monitoring the extent to which each intern meets these objectives.

Both within and across rotation periods, interns are expected to assume increasing responsibility for the tasks as their experience increases. The amount of supervision remains relatively constant throughout these periods, but the nature of the supervision shifts as rapidly as possible for each intern towards a "consultative" rather than "supervisory" style. Rotation tasks are supervised by faculty working on those rotations. The 2-3 ongoing cases are supervised by a single supervisor who stays in that role for the year, providing a faculty contact (in addition to the training director) who can advise the intern on issues that transcend specific cases or rotations, and can include help with career planning, etc.

Each intern is also required to carry 2-3 ongoing cases during the year. These cases are free from the limitations inherent in a rotation-based system. One of the three "cases" can be an ongoing group, while 2 must be individual treatment. Longer-term therapy cases can be included where appropriate.

Supervision consists of a minimum of at least four hours per week, at least two of which are individual. One of those individual supervisory hours is with the ongoing therapy supervisor. Additional supervisory activities such as group supervision and case presentations are common, and interns are free to consult with any of the faculty with questions regarding the tasks and cases with which they are dealing.

REQUIRED ROTATIONS

Clinical Health Psychology (CHP)

The CHP service supports a four-month rotation required of all residents. The rotation emphasizes the prevention and treatment of health-related conditions. The mission of CHP is to increase the physical and psychological well-being of individuals through health promotion programs, individual goal-oriented treatments, and psychoeducational programs that teach

self- management of chronic medical conditions; and to reduce health care costs. Equally important missions of CHP are the training of residents and postdoctoral fellows and the creation of knowledge through applied clinical research.

CHP holds as its operating premise that learned ways of thinking and behaving can compromise health or promote wellness. During their CHP rotation, residents are trained to assess and treat a wide variety of medical conditions that are caused or affected by lifestyle factors. Medical conditions frequently treated at CHP include: chronic pain, chronic obstructive pulmonary disease, cancer, tension and migraine headache, temporomandibular disorder, insomnia, diabetes, irritable bowel syndrome, obesity, preparation for painful medical procedures, and compliance with difficult medical regimens. The service also offers disease management, primary prevention, and health promotion programs (e.g., tobacco cessation), as well as programs in population health management.

Residents frequently work with interdisciplinary teams comprised of a variety of health-care professionals. Residents may also participate in CHP's highly active research program. Typically residents are involved in one of the research programs during a CHP elective rotation. Current active areas of research include tobacco cessation and prevention, pain management, sleep disorders, and weight management. A large group of researchers and support staff work with CHP as a part of a large NIH grant and other contract- supported projects. Residents may work with these individuals in order to increase skills in intervention development, research methodology, clinical trial methods, statistical analysis, and manuscript preparation, in addition to mastering the clinical tasks involved in the applied research projects.

Outpatient Psychology Services

A four-month long rotation in outpatient psychological services is required of each resident. This experience is obtained in the Wilford Hall Life Skills Support Center (described below). Residents may pursue additional outpatient experiences at the Randolph Air Force Base Life Skills Support Center, which is described in the Elective Rotation: Small Base Clinic section.

Life Skills Support Center

This clinic, established in September of 1998, is an interdisciplinary service incorporating psychology, psychiatry, social work, and skilled technicians on its staff.

The psychology component of the clinic strives towards an evidence-based practice, incorporating assessment and intervention strategies with the best research support for their effectiveness.

The entire range of outpatient problems and disorders (e.g., depression, anxiety, relationship difficulties) are seen, and outreach and preventive programs are part of the program as well. Like the Psychology Life Skills model that this service replaced, a number of psycho-educational, group-based modules form an important part of the clinic's programs, and mastery of the creative use of manualized treatments is one of the clinic's training goals for residents.

The Randolph Air Force Base Mental Health Clinic

On occasion, residents are assigned to the RAFB clinic for part of their required outpatient rotation. The Randolph clinic is a small (2 psychologists) outpatient service serving a base geographically removed from Wilford Hall and Lackland AFB. While striving to provide a very similar set of experiences to residents, this service is housed in a setting quite different from the major medical center housing the LSSC, and in some ways more representative of clinics to which residents are likely to be assigned after their internship year.

Primary Care Behavioral Health Consultation Service

This one-month long required rotation emphasizes the behavioral health consultation model in primary care medical clinics. Effective practice in primary care requires a new way of looking at consultation and intervention, rather than simply "transporting" standard psychological treatments to a new office with a different sign on the door. By placing psychologists directly into the primary care setting and adapting our practices to the primary care environment (e.g., 15-30 min appointments), psychologists can more effectively

assess and change the health of the population. We believe we have one of the best training programs in the country for teaching interns to work effectively in a primary care setting. Our work in primary care is based on the consultative model developed and evaluated by Dr. Kirk Strosahl and colleagues at Group Health Cooperative. This model has been adopted throughout the Air Force as part of the effort to optimize primary care treatment. Wilford Hall Medical Center serves as one of the flagships for the implementation of this model and has developed a cutting-edge program for training interns to work in the challenging primary care setting. We are currently evaluating the impact this service has (i.e. improved patient functioning, decreased medical utilization) and future evaluations are planned.

Training includes comprehensive didactics that focus on the theoretical as well as the clinical application of primary care work. The intensive clinical training follows a four-stepped approach; 1) observation of internship staff conducting behavioral health consultations, 2) the intern conducting behavioral health consultations with a staff member observing and giving feedback, 3) the intern conducting behavioral health consultations alone, 4) the intern conducting behavioral health consultations at the end of the rotation with more direct observation and feedback to provide a final assessment of the intern's skills. Supervision is given on each aspect of the consultation including, functional analysis, interventions, note writing, and feedback to primary care managers. Feedback is centered on core competencies the intern needs to develop to operate well within this model.

The Behavioral Analysis Service (BAS)

The BAS provides a wide range of support services to the Air Force Military Training Center (AFMTC) on Lackland Air Force Base. AFMTC trains over 35,000 USAF recruits each year. The BAS' primary role is to provide diagnostic assessment and recommendations to military training commanders regarding the suitability of basic trainees and technical school students for continued training and military service. In addition, the BAS staff provides screening for personnel interested in becoming military training instructors or survival school instructors. A number of research projects are ongoing at the BAS, and many of those involve the testing database generated from the 2,000+ test batteries generated each year.

Residents, alongside the staff, provide services directly to AFMTC commanders through triage assessments and the process of evaluating basic trainees. Residents can expect to be involved with the assessment of a wide variety of disorders including adjustment disorders, mood and anxiety disorders, personality disorders, and many others. Residents are directly involved in decisions regarding recruits' separation from the Air Force and hospitalization, and can expect to gain experience in assessment, triage, and crisis intervention with a late- adolescent population.

ELECTIVE ROTATIONS

During a three-month period, residents may elect one or more experiences from those described below. If none of these adequately addresses a resident's interests, s/he may propose a tailor-made rotation. Experiences during this elective period may consist of a single, three-month placement, three different one-month placements, or several possibilities in between. In all cases, particular electives are chosen in consultation with the training director.

Advanced BAS, CHP, Life Skills (outpatient), Primary Care experiences.

Additional experiences are available in any of the required rotations, within temporal limits outlined below. Experiences in each setting will not be simply more of what is contained in the required rotation, but will be advanced or in other ways different. Specifics will be negotiated with the rotation supervisor. We are fiercely proud of options available in these rotations, and residents are encouraged to consider these electives carefully in making their elective choices.

Psychology Research Service. **(1-2 months)**

Separate from, but working in concert with the Behavioral Analysis Service is the Psychology Research Service (PRS). The chief of the PRS is a civilian Clinical Research Psychologist (GS-14) who also directs the Biographical Evaluation and Screening of Troops (BEST) Program for the Air Force and Navy, and oversees research activities relevant to many other departmental programs.

Residents are trained in: (1) program development and evaluation; (2) rapid data collection and decision making; (3) establishment and maintenance of a reliable database; (4) test construction and validation; (5) personnel management and team building; and (6) development of interdepartmental and interagency cooperation and assistance. Opportunities also exist for independent or collaborative research projects.

The BEST Program is a highly visible clinical-industrial psychological function of the department, mandated by the Air Force Surgeon General and implemented by the Air Force Education and Training Command. Each year PRS evaluates between 35,000 and 37,000 Air Force recruits and analyzes data regarding an additional 50,000 to 60,000 Navy recruits. The PRS also provides consultative services to other military units and commands.

The Neuropsychology Service **(1 - 2 months)**

Neuropsychology Service provides direct consultation to the Departments of Neurology, Neurosurgery, Psychiatry, and to other medical services throughout the hospital and surrounding military facilities. The referral population varies greatly in both age and disease state. Patients range in age from 18 to 100, and are referred for cognitive symptoms associated with such diverse conditions as head injuries, stroke, brain tumor, altitude sickness, seizure disorders, dementia, AIDS, cardiac arrest, depression, obstructive sleep apnea, electrocution injuries, gunshot wounds, and Persian Gulf-related complaints. The Neuropsychology Service also provides ad-hoc consultation services to professionals in speech pathology, rehabilitation, toxicology, combat medicine, law enforcement, education and the field of law.

The theoretical approach to assessment is a hypothesis testing model rather than one employing a fixed battery. Neuropsychological assessment strategies are selected to address specific referral questions, thus allowing a flexible, individualized evaluation of a patient's cognitive strengths and limitations. Functional areas typically examined include intelligence, language, attention, calculation, visuospatial abilities, memory, motor skills, executive functions and emotional status.

Residents can elect one of two Neuropsychology rotation options: a one-month screening experience, or a more intensive and inclusive three-month rotation. The former strives to familiarize residents with interview and testing techniques useful for screening general clinical populations. This rotation emphasizes the recognition of potentially serious signs and symptoms, along with history-taking and referral. The three-month rotation focuses on more traditional neuropsychological services, along with neuroanatomy and brain-behavior relationships. Residents electing this rotation are supervised in: history taking; selection, administration, and interpretation of neuropsychological tests; and report writing. Residents have the opportunity to attend neurology ward rounds, to observe neurosurgical and pathological procedures, to participate in case conferences, and to assist with ongoing research. The three-month rotation serves as background for possible postdoctoral training in neuropsychology.

The Inpatient Psychology Service **(1-2 months)**

This rotation provides training for working with acutely disturbed psychiatric populations. The overall objectives of the rotation are twofold: (1) to develop competence in evaluating acute psychiatric inpatient problems; (2) to establish competency in the care of psychiatric patients, with an emphasis on military-specific issues. Residents carry a caseload of three to four inpatients, for whom they have a major role in assessment, diagnosis, treatment, case management, and disposition. In addition, residents learn risk management issues, which often arise in inpatient populations. Residents work with the Chief of Inpatient Psychiatry as well as the Chief of Inpatient Psychology

Consultation throughout the rotation. Residents participate in inpatient group treatments and individual treatment, and may be involved with the Partial Hospitalization Program as well.

Small Clinic Elective (1-2 months)

WHMC provides a rich training environment; however, it is different in many ways from the small clinics in which residents may later work. Residents interested in a greater understanding of these differences may elect training at small base clinics located at Randolph Air Force Bases in San Antonio. While experiences in general assessment, therapy, and consultation form part of these electives, the emphasis is upon skills and knowledge not as readily available at Wilford Hall. Such things as substance abuse programming, oversight of family advocacy programs, design and management of service delivery systems, and supervision of clinical and support staff are often included.

Clinical Investigation

(1 month only) While research may be pursued throughout the year, this elective offers an opportunity to take a month for tasks which are difficult to accomplish without a large block of time. Residents may work on faculty projects or their own, including dissertation research. Residents must choose a supervisor to monitor their work, and develop a training contract that specifies what will be done during the elective. Residents remain primarily responsible for dissertation research, and are accountable to their home schools. They should also count on the home schools to provide content supervision and resources, unless they interest a staff member in taking more than a monitoring role. Staff members are not expected to provide heavy supervision that is the responsibility of your home school. We will, however, help to make resources (computer facilities) available to you.

Individually Tailored Electives

(1-2 months) Includes child and ER consultation, among other possibilities. If the foregoing array of options still leaves a training need unfilled, residents may propose an elective ranging from one to three months. The resident will be responsible for making arrangements for this experience, though the director of training will assist in making contacts. The resident must: 1. Prepare a written proposal to be submitted to the training director for consideration by the staff, and if it is approved; 2. Negotiate a training contract that specifies what kind and how much experience will be provided, and documents the qualifications of the supervisor(s) if these are new to our program; 3. Arrange for supervision from an appropriately trained and credentialed psychologist. The arrangement must be approved by the training director.

ADDITIONAL THERAPY EXPERIENCE

Each resident is required to carry a caseload of 2-3 patients or groups concurrent with the rotations. A separate supervisor works with the residents on these ongoing cases throughout the internship year. The purpose of this requirement is to support additional therapy experience without the temporal constraints present as rotations change for the resident. This requirement also allows for the possibility of longer-term treatment experience. Secondly, the requirement provides a supervisor, in addition to the rotation supervisors and training director, who can advise residents on matters that transcend a specific rotation or a specific case.

DIDACTIC PROGRAMS & DISTINGUISHED VISITING PROFESSORS

Clinical practice is best viewed as an active problem-solving and hypothesis testing process. The findings of psychological researchers provide important sources of hypotheses which feed this practice. As important, the discipline and critical thinking of the researcher and theoretician are vitally important to effective and ethical clinical practice, wherein the psychologist's inferences and predictions can have a major impact on individual's lives. Time for thought and keeping abreast of theoretical and empirical progress in psychology, and for reflection on and evaluation of techniques and programs are integral parts of a psychologist's responsibility and identity.

There are three broad categories of didactic experiences built into the program. First, wherever possible rotation supervisors include seminars, research discussions, and readings on topics relevant to the types of cases and issues typically encountered on that rotation. Inclusion of didactic material in the relevant rotations provides the best possibilities for true integration of theory, scientific findings, and practice in that issues discussed are germane to cases currently being seen by residents. Our hope is that through encounters with cases and ideas, both innovative and effective treatment and richer research ideas will result.

A second level of didactic activities occurs at the departmental rather than the rotation level. In an organized series of classes, issues and topics, which transcend and complement rotational emphases are discussed. Topics here include a mixture of the empirical, the theoretical, and the practical. Minimizing redundancy with University coursework, didactic sequences stress instead advanced intervention and assessment strategies, current research in specific areas, or the integration of general psychological principles and practices into the unique aspects of the military context, and issues involved in supervising and managing professional and support staff.

By design, the department-level didactics change from year to year with the intent of capitalizing upon the particular interests and strengths of faculty, tailoring topics to the specific backgrounds and interests of each new class, and

responding to advances and changes both in psychology and in the Air Force. The current year's schedule is typical of the mix of practical and conceptual topics included in departmental didactics (see attachment). Examples from the larger number of varied topics covered in the current year are: the integration of theory and research into the pragmatics of practice; a comparison of forensic issues in military and civilian practice; unique ethical concerns of the military; child and spouse abuse; research and practice in hostage negotiations; the use of hypnosis in general practice; appropriate applications of computers to practice; research opportunities and issues in Aerospace psychology; current developments in cognitive-behavior therapy; Self-psychology and practical implications of current psychodynamic concepts.

The third level of the didactic program is actually a subset of the department level didactics: that is, talks by outside lecturers including our **Distinguished Visiting Professors (DVPs)**. The DVP program, a long-standing tradition at Wilford Hall, provides extensive contact with nationally and internationally known researchers and practitioners.

Each year, up to 30 DVPs visit Wilford Hall, with approximately half chosen by the psychology staff. Speakers are chosen on the basis of their national and international visibility as scholars, clinicians, and leaders in their fields. In the recent years, we have hosted the CEO and three presidents of the American Psychological Association, and two visits from the President of the American Psychiatric Association. Each DVP presents "Grand Rounds", a lecture intended for a multi-disciplinary audience. In addition each psychology DVP is scheduled for a more specifically psychological talks, discussions with psychology residents and staff, and clinical workshops as appropriate.

These Grand Rounds and resident DVP presentations are an integral part of our didactic program, but DVPs do much more than give outstanding lectures. Depending on the visitor's specialty and the interests of staff and residents, the DVP may interview a patient, participate in case conferences, observe and provide feedback to a resident on a problem therapy case, consult with a resident on his/her dissertation project, or present a workshop on a research strategy or intervention technique. Equally important, DVPs schedule ample time in which residents and staff may discuss individually or in small groups any topic of interest to them: research projects; clinical cases or issues; professional issues; career plans; or just about any other topic which staff or residents might want to consider. Our civilian consultant, Dr. Joseph Matarazzo of the Oregon Health Sciences University, visits annually as part of the DVP program.

A sample of a recent year's didactic schedule appears later in this brochure, along with a list of recent DVPs.

STIPENDS AND OTHER SUPPORT

An addendum to this brochure (“Psychology Internship Opportunities in the United States Air Force”) describes salaries, benefits, and other matters that apply to all three of our USAF internship programs. The following paragraphs recount some of those matters, and add some specifics that apply to Wilford Hall alone.

Interns receive no “stipend”. Instead, they receive salary as Air Force officers assigned to training, and they and their dependents receive all benefits approved for officers at their rank and is more than double the average stipend for interns in the country. Estimated salary for several levels of experience and marital status, and descriptions of other benefits (including health and dental insurance, etc.) are contained in the addendum mentioned above. The variable housing allowance, which is included in the overall salary estimates, varies somewhat across the three Air Force internship sites, based upon cost of living in that area. Applicants should consult their Air Force Medical Recruiter who will provide up-to-the-minute information regarding salary and officer benefits.

Each resident is assigned office space and a desktop computer on each rotation. Other supplies and equipment needed for training and clinical or research work is provided. Facilities and supporting supplies and equipment are excellent.

Residents are entitled to time off for federal holidays, and the Air Force provides for sick leave, annual leave, and “temporary duty” for attendance at conferences, consulting with professors on dissertation projects, etc. Residents at Wilford Hall receive funds to support attendance at one national conference or course each year. Total time away from training, however, is limited to ten days (fifteen days for those successfully defending their dissertations before February 1). This limitation applies only to times that an individual intern elects to be away from training activities, and does not include time off for holidays or other “down time” when all residents are excused from work.

GUIDELINES FOR APPLICANTS

The addendum mentioned above lists “Eligibility requirements” that are the basic minima for consideration for an Air Force internship. The following paragraphs outline those factors that are likely to increase the chances of an applicant being competitive for a position at Wilford Hall.

Given our strong commitment to a scientist- practitioner model of training and practice, we favor applicants who receive their academic training in programs with a similar philosophy and training model, and an emphasis on training in clinical research as well as practice. We strongly prefer applicants who have good research experience, and those with strong coursework in basic scientific areas of psychology (such as learning and biopsychology) as well as

in the more applied areas. Good grasp of research design, statistics, and the process of legitimately drawing inferences from observations is important.

On the applied side, we look for applicants whose applied courses emphasize empirically supported approaches to clinical phenomena, and who have at least 500 hours of closely supervised clinical experience emphasizing an empirically- based approach to the tasks involved. The quality of practica is more important than the number of hours in excess of the minimum. Practica in a psychology service housed in a general hospital setting is a plus.

We expect applicants to be well - versed in assessment strategies, criteria for evaluating and selecting instruments, and basic issues of reliability and validity. We also expect some experience with an array of assessment instruments adequate to provide a basic understanding of test use and integration, and an understanding of test administration in general. Astronomical numbers of tests given in practica are not expected or valued.

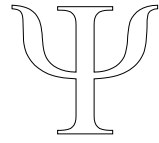
An understanding of the effective use of theoretical models and concepts in case conceptualization and treatment planning is far more important to us than large numbers of practicum clients seen.

Our program emphasizes practice in agency settings, and is therefore not well suited to students primarily interested in careers in independent private practice. Interest and/or experience in psychological practice within military communities and settings is a clear plus.

We seek students who are eager to learn, and who strive for excellence. Students who already feel qualified to practice independently and seek only the internship credential, or who are satisfied with limiting their levels of competencies to those that are explicitly required by the program will not be as happy in our program as those who are striving to exceed minimal requirements wherever possible, and who strive for excellence rather than adequacy in their training and practice. We do not expect applicants to be stars in their areas of interest, but we do appreciate those who strive to achieve such status throughout their careers.

Finally, we weigh heavily issues of personal integrity, responsibility, flexibility, and willingness to work hard, both during and after the internship. These personal qualities are important both to the role of psychologist, and to the role of Air Force officer.

Not every applicant accepted will be outstanding in all of the dimensions described here, but the foregoing should help applicants understand the factors we weigh in the application process. We will admit the strongest possible class each year, based upon consideration of factors like those described above.



WHMC Department of Psychology - Philosophy of Training

Official Policy Adopted 15 July 1994

The psychology residency (internship) at Wilford Hall Medical Center is dedicated to the scientist-practitioner model of education and training as fully elaborated at the National Conference on Scientist-Practitioner Education and Training for the Professional Practice of Psychology (Belar & Perry, 1990). The goal of this brief paper is to articulate the manner in which we aspire to apply that model to our training environment.

The scientist-practitioner model mandates that the psychologist be capable of working effectively as a practitioner and a scientist. It does not mandate the proportion of time actually spent in any particular activity, either in training or actual job duties.

The scientist-practitioner's research is intended to benefit the practice of psychology as well as to advance knowledge. The goal is to systematically improve upon the knowledge base such that the product of the undertaking has direct application to the practice of psychology.

In practice, the scientist-practitioner strives to utilize the scientific method and to apply research findings in applied work. The scientist-practitioner applies a way of thinking which involves care in drawing inferences from observation, hypothesis testing, and problem solving.

The practitioner collaborates with the patient to arrive at shared treatment goals and interventions. Ideally, treatments are formulated which empower the patient and result in a greater sense of self - efficacy. The practitioner involved in such a collaborative effort strives to maintain a high degree of respect for the patient and places a high value on the process and quality of the professional relationship.

By integrating a research orientation in practice, a scientist-practitioner poses empirical questions such as "What factors influence the state of affairs which the client wants to change?" After establishing an operational baseline perspective, the clinician proceeds to intervene upon the hypothesized factors and measures the effects on outcome measures. In brief, case conceptualization includes an operational definition of the problem, establishes observable indicators of the problem, and culminates in a planned intervention acceptable to both practitioner and patient.

Being acquainted with the scientific knowledge base of psychology, the practitioner can directly apply existent research findings to a presenting problem, or extrapolate and adapt findings to the case at hand. In all cases, the scientist-practitioner considers the scientific evidence when choosing among alternative strategies of assessment and intervention. The psychologist is sensitive to cultural diversity and mindful of the ways in which personal and cultural biases affect assessment and treatment.

In our education and training environment, faculty strive to emulate the attributes which they aspire to train. While an individual faculty member may spend all of his/her time in practice, in research, or any combination of the two, the faculty as a whole reflects a balance between research and practice activities. In their *supervision*, faculty provide guidance in searching the literature for principles and research findings pertinent to the supervisee's cases, and in creating clear, useful case conceptualizations. They offer guidance in problem formulation, hypothesis generation, intervention planning and implementation, and assessment of progress and outcome. They work with the resident in formulating supervisory goals, plans to achieve those goals, and assessments used to review progress towards those supervisory goals. In their *didactic* presentations, faculty integrate current research findings with established knowledge bases, and, when applicable, present evidence for/against specific assessments and interventions germane to the topic of their presentations. In *research*, faculty strive to focus on how their research efforts may affect and enhance the practice of psychology.

Reference

Belar, C.D., and Perry, N.W. (1990). *Proceedings: The National Conference on Scientist-Practitioner Education and Training for the Practice of Professional Psychology*. Sarasota, FL: Professional Resource Press.

Summary: WHMC Psychology Residency Training Model – A Work in Progress
First Adopted: May 2000
Most recent revision: June 2001

Program Mission

The mission of the Wilford Hall Psychology Residency Program is to train psychologists to work within a scientist-practitioner framework to apply psychological principles, concepts, and findings to the understanding and solution of human problems. We strive to prepare graduates for entry-level practice within the Air Force community in particular, and more generally, in any setting wherein psychological principles may be useful in improving people's well-being and quality of life.

Philosophy and Model of Training

The program subscribes to a scientist- practitioner model of training based upon that developed in the 1990 *National Conference on Scientist-Practitioner Education and Training for the Practice of Professional Psychology*, implemented as described in attachment 1. We strive to select interns with strong training and skills in the production of scientific research, and to assist them in understanding how findings and concepts developed in that research can be best employed in the understanding and solution of human problems. Similarly, the scientist's mode of inquiry, self- skepticism, and hypothesis generation and testing are promoted as a general way of thinking about and coming to understand clinical phenomena.

Training Goals

The goals of the program include training students to beginning to advanced levels of competence in the following areas:

1. Scientist- practitioner mode of approaching psychological phenomena
2. Psychological assessment
3. Psychological intervention
4. The application of community psychology principles
5. Research*
6. Administration and Supervision*
7. Personal and professional responsibility and growth
8. Sensitivity to Cultural and Individual differences
9. Sensitivity to issues of patient welfare and ethics*
10. Professional communication

* These goals are more tentative in that they were not as thoroughly elaborated by the Psychology Education Planning Committee

Training Objectives and Expected Graduate Competencies

Goal 1: Graduates will be capable of operating within a scientist- practitioner model of evidence- based psychological practice.

Objectives:

1. Graduates will be competent in adopting an hypothesis-testing, self-critical approach to clinical tasks
2. Graduates will understand and draw upon published research in conceptualizing cases, and in making assessment and treatment decisions
3. Students will demonstrate the ability to generalize the scientist-practitioner strategy in approaching, analyzing and understanding newly encountered problems and phenomena

Program elements supporting Objectives under goal 1

All rotations

All supervisory sessions

Didactic presentations at both the department level and the rotation level

Means of assessing: Supervisor evaluations

Criteria: Graduates will demonstrate each competency consistently throughout required and elective rotations.

Goal 2: Graduates will be competent in psychological assessment strategies and instruments as aids in psychological practice.

Objectives:

1. Graduates will demonstrate expertise in conducting useful functional analyses and related cognitive-behavioral assessments emphasizing treatment progress and outcome.
2. Graduates will demonstrate expertise in selecting, administering, scoring, interpreting, and integration traditional standardized assessment instruments as an adjunct to understanding and treating clinical problems.
3. Graduates will show skill in reaching and supporting DSM-IV diagnoses
4. Graduates will be knowledgeable regarding accurate risk assessment in family violence, suicide, dangerousness, and related areas
5. Graduates will be competent to assess and make appropriate referral in substance abuse cases
6. Graduates will demonstrate a conceptual understanding of assessment strategies appropriate to psychological practice in primary medical care settings.

Program elements:

All required rotations

Didactics

Assessment laboratory

Means of assessing: Supervisor evaluations

Criteria:

Consistent use of functional analysis strategies throughout clinical rotations

Effective and appropriate selection, administration, and interpretative integration of standardized instruments across a variety of cases.

Goal 3: Graduates will be competent in empirically - supported psychological interventions and treatments.

Objectives

1. Graduates will be competent in drawing upon empirically supported concepts in conceptualizing cases, and deriving treatment plans therefrom.
2. Graduates will demonstrate competency in selecting, adapting, and implementing empirically- based treatment strategies
3. Graduates will demonstrate competency in the appropriate and flexible use of manual- based treatments
4. Graduates will be knowledgeable in strategies for intervening in disaster, trauma and related situations
5. Graduates will be competent in addressing issues of “skill building” and "strength enhancement" in addition to models emphasizing pathology reduction.

Program elements:

Didactics

Outpatient rotation

CHP rotation

Ongoing therapy cases

Elective rotations

Means of assessing: Supervisor evaluations

Criteria:

Graduates will demonstrate competency in working effectively within each of the following categories: individuals; groups; couples or families

Graduates will demonstrate appropriately flexible use of at least two manualized treatment strategies.

Goal 4: Graduates will be capable of employing community psychology concepts to understanding, assessing, and treating psychological problems

Objectives:

1. Graduates will show sensitivity to the Air Force community's structures and functions in carrying out their professional psychological practice
2. Graduates will demonstrate competence in enlisting the support of community agencies and personnel in effectively discharging clinical responsibilities.

Program elements:

All required aspects of the program

Means of assessing: Supervisor evaluations

Criteria: Consistent demonstration of sensitivity across tasks and rotations

Goal 5: Graduates will demonstrate basic understanding of business practices within the Air Force medical service

Objective:

1. Graduates will show an understanding of the importance of Air Force Instructions and other regulations guiding business and professional practice within the Air Force
2. Graduates will show an understanding of how and where to find information regarding relevant AFIs and similar statements of regulations
3. Graduates will show an understanding of productivity measures and their impact on managing clinical services in their own practice and the work of their supervisees

Program elements:

Commissioned Officer Training Program (COT)

Didactics

All required rotations

Means of assessing: Supervisor evaluations

Goal 6: Graduates will demonstrate a sensitivity to their own need for personal and professional growth, to factors which will enhance their professional effectiveness -- such as continuing education, professional consultation, effective time management, etc. -- and to factors which may compromise their professional effectiveness.

Objectives:

1. Residents will demonstrate a recognition of the importance of lifelong continuing education. They will demonstrate an understanding that professional effectiveness is a developmental process, not a state to be achieved, which requires a proactive commitment to continued skill enhancement and knowledge acquisition.
2. Residents will demonstrate a recognition of the limits of their education, training, and methods and will seek professional consultation when appropriate.
4. Residents will demonstrate an ability to prioritize and to manage their time and workloads in a manner which optimizes their professional effectiveness.
5. Residents will demonstrate an awareness of personal and situational factors which may limit their professional effectiveness and actively seek to avoid such limitations. They communicate difficulties and request guidance or supervision as necessary and in a timely manner.

Program Elements:

All rotations.

All supervisory sessions.

Didactic sessions.

Means of assessing: Supervisor evaluations.

Goal 7: Residents will show an awareness of and sensitivity to the roles played by cultural and individual differences in human behavior, its assessment and its change.

Objectives

1. Residents will understand the military in general and the Air Force in particular as a cultural system, and show an ability to generalize the process of attaining this understanding in approaching other cultural systems as well.
2. Students will habitually consider the impact of culture upon the people they serve and the settings in which those people live.
3. Students will show respect for people different from themselves, and for the cultures and backgrounds that produce and support those differences.
1. Students will show this sensitivity to cultural and individual differences in dealing with peers and supervisees as well as patients.

Program elements

All rotations

All supervision

Didactic presentations

Means of assessing:

Supervisor evaluations

Observation of clinical tasks

Goal 8. Residents will demonstrate vigilance regarding issues of patient welfare and ethics.

Objectives:

1. Students will remain constantly vigilant to the impact that their contact and all elements thereof (e.g., diagnoses, assessment and treatment decisions) have upon all aspects of the lives of the people they serve.
2. Students will be consistently vigilant regarding ethical and legal considerations that inform and guide the work of a responsible professional psychologist in both military and non-military communities

Program elements:

All clinical rotations
Didactic presentations

Means of assessing: Supervisor evaluations

Criteria: Consistent sensitivity to ethical and patient welfare issues throughout the program

Goal 9. Residents will show proficiency in professional communications

Objectives:

1. Residents will be capable of writing clear, timely, and appropriately detailed psychological reports, progress notes, and chart entries
2. Residents will demonstrate the ability to communicate clearly with patients, colleagues, other professionals, and support staff.

Program elements:

All rotations
Didactic presentations

Means of assessing: Supervisor evaluations

Criteria: Satisfactory written and oral communications across a range of formats

Psychology Rotations: Illustration only

("Months" are approximate - please use exact dates in second row)

As of
8/31/XX

Sep	Oct	Nov	Dec*	Jan	Feb	Mar*	Apr	May*	Jun	Jul	Aug*
9/7-10/1	10/4-10/29	11/1-11/26	11/29-12/31*	1/3-1/28	1/31-2/25	2/28--3/31*	4/3-4/28	5/1-6/2*	6/5-6/30	7/3-7/28	7/31-9/1*

Name	Period 1				Period 2				Period 3		
Alice	Clinical Health Psychology				Outpatient Psychology WHMC - Life Skills Service Center				BAS	Primary Care	Small base practice - Randolph AFB Clinic
Bob	Clinical Health Psychology				Outpatient Psychology WHMC - Life Skills Service Center				CHP+	BAS	Primary Care Clinical Investigatn
Cyn	Clinical Health Psychology				BAS	Primary Care	Neuropsychology		Outpatient Psychology WHMC - Life Skills Service Center		
Dale	Clinical Health Psychology				Clinical Investgn	BAS	Primary Care	CHP+	Outpatient Psychology WHMC - Life Skills Service Center		
Edna	Outpatient Psychology WHMC - Life Skills Service Center				Small base practice - Randolph AFB Clinic		BAS	Primary Care	Clinical Health Psychology		
Frank	Outpatient Psychology WHMC - Life Skills Service Center				Primary Care	Clinical Investgn	Inpatient	BAS	Clinical Health Psychology		
Georgia	Outpatient Psychology WHMC - Life Skills Service Center				Clinical Health Psychology				CHP +	BAS	Primary Care
Hal	Outpatient Psychology WHMC - Life Skills Service Center				Clinical Health Psychology				Primary Care	Life Skills Support Center +	BAS
Irene	BAS	Neuropsychology		Primary Care	Outpatient Psychology WHMC - Life Skills Service Center				Clinical Health Psychology		
Jorge	Primary Care	BAS	Aviation Psychology Randolph Clinic		Outpatient Psychology WHMC - Life Skills Service Center				Clinical Health Psychology		
Kirstin	Clinical Investgn	Primary Care	BAS	CHP+	Clinical Health Psychology				Outpatient Psychology WHMC - Life Skills Service Center		
LeBron	CHP+	Clinical Investgn	Primary Care	BAS	Clinical Health Psychology				Outpatient Psychology WHMC - Life Skills Service Center		

- Periods marked with an asterisk (*) contain 5 weeks

Wilford Hall Department - Level Didactic Program (Example)

Date	Presentor	Topic
Fall		
30 Sept	Dr. Hryshko-Mullen	Biofeedback: General Treatment Principles
7 Oct	Dr. Goodie	Working with People in Crisis
14 Oct	Dr. Garb	Diagnosis: Reliability and Validity
21 Oct	Dr. Johnmeyer	Diagnosis: Military Specific Issues
28 Oct	Dr. Peterson	Applied Clinical Research in the Military
4 Nov	Dr. Goodie	Basic CISM Training
11 Nov	None	VETERANS DAY
18 Nov	Dr. Oordt	Setting Up a Suicide Prevention Program
25 Nov	None	HAPPY THANKSGIVING!
2 Dec	Mr. Vaughn Donaldson (Austin)	Advanced CISM Training
9 Dec	Dr. Hunter	Psychology Applications for Population Health
16 Dec	Dr. Brown	Obsessive-Compulsive Disorder
23/30 Dec	None	HAPPY HOLIDAYS!
Winter		
6 Jan	None	Orientation to New Rotation
13 Jan	Dr. Garb	Scientific Skepticism
20 Jan	Dr's Hunter, Goodie, Peterson	Deployment
27 Jan	Dr. Peterson	Tourette's Disorder
3 Feb	Dr. Talcott	The Role of a Psychologist in Public Health
10 Feb	Dr. Oordt	High Risk Case Management at Operational Base: 2 Cases
17 Feb	DVP: Dr. William R. Miller	Motivational Interviewing
24 Feb	Dr. Chozinski	OPRs/Leadership/Working with Enlisted Personnel
2 Mar	Dr. Alexander	Air Force Career: A Follow-Up Field Trip to Randolph AFB
9 Mar	Dr. Zazeckis	Wartime and Post-Deployment Stress
16 Mar	Dr. Davidson	Biofeedback Instrumentation
23 Mar	Dr. Welton	Spirituality Issues in Psychotherapy
30 Mar	Dr. Zazeckis	Aviation Psychology: Consultation Strategies
6 Apr	Dr. Zazeckis	Aviation Psychology
13 Apr	Dr. Patterson	Aircraft Mishap Investigations
20 Apr	Dr. Patterson	CISD with Aircraft Mishaps: A Case Example
27 Apr	Dr. Varella	Unit Consultation
Spring		
4 May	no didactic	Orientation to New Rotation
11 May	Hospital level briefing	PCS Smooth Move (Location: BC25)
18 May	Dr. Welton	Spirituality Issues in Psychotherapy
25 May	Dr. Peterson	In Service of 2 Masters: Ethical Issues in Military Psychologists
1 Jun	Dr. Varella	Ethnocultural Issues
8 Jun	Dr. Benzick	Hostage Negotiations
15 Jun	Dr. Chozinski	Your Air Force Career (OPRs/Leadership/Working with Enlisted Personnel)
22 Jun	Pam Collins, MSW	Family Advocacy I
29 Jun	Pam Collins, MSW	Family Advocacy II
6 Jul	Dr. Hunter	Treatment of Depression
13 Jul	Capt Johnson	Administrative Management of ADAPT Program
20 Jul	Capt Johnson	Clinical Counseling of Alcohol and Other Drug Users
27 Jul	Dr.'s Goodie and Schinaman	Working in Primary Care
3 Aug	Dr. Derek Kren	Small Base America and Legal Issues

Note: In addition to these department- level didactics, formal seminars and other didactic programs are held on each major rotation. There is also a "director's hour" every 2-3 weeks, in which both administrative and didactic topics are discussed.

**Distinguished Visiting Professors to Wilford Hall Medical Center
Partial Listing**

Richard Abidin
George Albee
Judy Albino
Frank Andrasik
Albert Bandura
Allan Barclay
David Barlow
Donald Baucom
Allen Bergin
Connie Best
Edward Blanchard
Thomas Borkovec
Annette Brodsky
Kelly Brownell
Thomas Budzynski
James Butcher
Michael Cataldo
John Chaves
Margaret Chesney
Harold Crasilnek
Sheila Deitz
Theodore Dembroski
Raymond DiGiuseppe
Henry Ellis
Eileen Fennell
Donald Ferguson
John Flowers
Susan Folkman
Wilbert Fordyce
John Foreyt
Raymond Fowler
Sol Garfield
W. Doyle Gentry
Robert Gifford
Helen Gift
Gerald Goldstein
Roger Greene
H. Julia Hannay
Chris Hatcher
Brian Iwata

Harvey Joanning
Nelson Jones
Fredrick Kanfer
Florence Kaslow
Terry Keane
Phil Kendall
Robert Klepac
Robert Klesges
Elizabeth Klonoff
Hallgrim Klove
Gerald Koocher
Harvey Levin
Edward Lichtenstein
Muriel Lezak
Bernard Lubin
Alan Marlatt
Bruce Masek
Joseph Matarazzo
Kevin McCaul
Dudley McGlynn
Ned Megargee
Barbara Melamed
Rosemary Nelson
Arthur Nezu
Christine Nezu
Richard O'Brien
Richard Pasewark
David Pittman
William Redd
Lynn Rehm
Ray Romanczyk
Dennis Russo
Richard Seime
John Sidtis
Susan Sorenson
Charles Spielberger
Richard Suinn
Edwin Thomas
Judith Turner
Stephen Weiss

Primary Psychology Faculty 2003-2004

Capt Cindy Brown, Ph.D. Candidate Texas A&M University Chief of Training & Research, Life Skills Support Center Interests: Individual and couple's counseling; Gerontology; Process variables in therapy	Maj Connie Johnmeyer, PhD University of Missouri Commander, Life Skills Support Center Interests: Clinic management; Adjustment disorders; Depression; Relationship problems; Psychological assessment
Capt Bryan Davidson, PhD Fuller Theological Seminary Postdoctoral Fellow, Clinical Health Psychology Interests: Health psychology	Robert K. Klepac, PhD, GM-15 Kent State University Director of Psychology Training, WHMC National Coordinator of AF Psychology Training Interests: Behavioral dentistry; Pain; Behavior therapy; Fear and avoidance
Capt Anne Dobmeyer, PhD Utah State University Postdoctoral Fellow, Clinical Health Psychology Interests: Weight management; Eating disorders; chronic pain	LtCol Charles S. Klunder, PhD University of Southern Mississippi Fellowship: Clinical Health Psychology, WHMC Chief, Behavioral Analysis Service Interests: Pain management; Clinical health psychology
LtCol Ken M. Dobbins, PhD University of Houston Fellowship: Neuropsychology, University of California – San Diego Neuropsychology Service Interests: Traumatic brain injury; Geropsychology	Donald McGeary, PhD University of Texas Southwestern Medical Center at Dallas Postdoctoral Fellow, Clinical Health Psychology Interests: Chronic pain rehabilitation; Behavioral interventions in chronic illness; Tobacco cessation
Howard Garb, PhD, GM-14 University of Illinois at Chicago Fellowship: Clinical Psychology; Methodology and Program Evaluation - Northwestern University Director, Psychology Research Service; Biographical Evaluation and Screening of Military Personnel Interests: Clinical judgment; Assessment	LtCol Alan Peterson, PhD, ABPP Nova-Southeastern University Fellowship: Clinical Health Psychology, WHMC Chair, Department of Psychology; Director of Postdoctoral Training; Assistant Director of Psychology Training Interests: Pain management; Tobacco cessation; Rehabilitation; Population health; Sleep disorders; Weight management; Cancer
Capt Jeffrey Goodie, PhD West Virginia University Clinical Health Psychology Service; Staff Psychologist, Assistant Director of Psychology Training Interests: Cardiovascular disease; Pain management; Geropsychology; Primary Care; Behavior therapy	Capt Scott Schinaman, PsyD Candidate Alliant University/California School of Professional Psychology – San Francisco Behavioral Health Consultant, Primary Care Psychology Service; Assistant Director of Psychology Training Interests: Primary Care; Health Psychology; Pulmonary Rehabilitation; Insomnia Treatment
Maj Ann Hryshko-Mullen, PhD, ABPP Bowling Green State University Fellowship: Clinical Health Psychology, WHMC Chief, Clinical Health Psychology Service Interests: Women's health issues; Sleep, Weight management; Headache	LtCol Robert A. Seegmiller, PhD Iowa State University Fellowship: Neuropsychology, University of Virginia Chief, Neuropsychology Service Interests: Neuropsychology; Adult psychotherapy; Psychological assessment
Capt Teresa Hughes, PhD Candidate Uniformed Services University of Health Sciences Staff Psychologist Interests: Health Psychology; Weight Management; Forensic Psychology	Capt Jorge Varela, PhD University of Alabama Staff Psychologist, Behavioral Analysis Service Interests: Forensics; Psychological assessment
Maj Christine Hunter, PhD University of Memphis Fellowship: Clinical Health Psychology, WHMC Clinical Health Psychologist; Chief of Research and Grants Interests: Weight management; Population health; Tobacco cessation; Pain management; Women's health	LtCol Maryann Wasileski, PhD Brigham Young University MITT Project Psychologist, Behavioral Analysis Service Interests: Pain management; Clinical health psychology
Maj Christopher Hunter, PhD University of Memphis Chief of Clinical Services, Life Skills Support Center Interests: Disease management; Primary care psychology; Clinical health psychology	1

Psychology Internship Opportunities In the United States Air Force

Wilford Hall, Wright-Patterson, and Malcolm Grow
Medical Centers

The Air Force offers up to 28 one-year funded residency (internship) positions in clinical psychology each year. Residencies are available at three training sites, each offering a full range of patient populations, and each located in large Air Force medical centers: 12 to 14 at Wilford Hall Medical Center in San Antonio, Texas; 6 to 8 at Wright-Patterson Medical Center in Dayton, Ohio; and 6 to 8 at Malcolm Grow Medical Center in Washington, D.C. All three programs are fully accredited by the American Psychological Association, and are members in good standing of the Association of Psychology Postdoctoral and Internship Centers.

All qualified, eligible (see below) civilians are cordially invited to apply. Strong preference is given to applicants from APA accredited university programs in clinical and counseling psychology. The school from which the PhD or equivalent degree is being granted must be fully accredited by regional, state and national educational associations and listed by the Association of American Colleges and Universities.

Selection for one of our resident positions is contingent upon the selectee accepting a commission in the United States Air Force and serving in a commissioned status, on active duty, throughout the resident year and subsequent obligated time. Payback (obligated time) for the year of resident training is currently 36 months following the completion of the internship.

STIPENDS (SALARIES): [UPDATE TO 2002-2003 needed]

In lieu of "stipends," Air Force interns receive pay and benefits as Air Force officers who happen to be assigned to an educational program for the year. The actual level of pay and benefits is set nationally, and can be increased by act of the Air Force, Congress, or Department of Defense. The following illustrations will provide a reasonable approximation of salary for individuals living in San Antonio - applicants will receive up-to-date information from Air Force Medical Recruiters as part of the application process.

ESTIMATED Annual Salary Illustrations as of January 2002: (Based on years of military service.
Estimates do not include future annual cost of living increases, which added 2.6% for last year)

(Captain)	<u>UP TO 2</u>	<u>OVER 2</u>	<u>OVER 3</u>	<u>OVER 4</u>
Single	\$45,928	\$50,416	\$53,440	\$56,764
Married	46,672	51,160	54,184	57,508

Of these amounts, a portion (approximately 20-25%) is considered housing and subsistence allowance, and is not taxed under current IRS regulations. A portion of these allowances varies with specific location in which the psychologist resides. The illustrations assume a median level of variable allowances: actual salary may be slightly more or less than these amounts depending on place of residence. Specific information will be provided to applicants by Medical Recruiters as part of the application process.

OTHER BENEFITS:

For the purpose of assigning fringe benefits, residents are regarded as Captains rather than students, and enjoy the liberal benefits provided to all military officers. Following is a sampling of those benefits.

The Air Force will pay the full cost of moving the new resident, his/her family and household goods to the training site and upon separation or retirement from the service, moving expenses will again be paid for the return home. Full medical care is provided to the resident and the resident's family, along with full dental care for the resident and partial dental care for dependents. Other medically related needs such as eyeglasses and

prescription drugs are free to any family member requiring them. Shopping at the base exchange provides substantial discounts on food and myriad other items including sound systems, computers, clothing, etc.

Vacation time and sick leave are provided, along with paid federal holidays and time to attend conferences and workshops or to return to the university for completion of degree requirements. Use of golf courses, gym facilities, officers' clubs, and other base facilities is free or available at nominal cost. Those who choose to remain in the service beyond the initial commitment can apply for post-doctoral training under a liberal policy which offers full salary and expenses to psychologists selected for specialty training in civilian or military fellowship programs. Those electing a career in the Air Force can retire at a very young age (after 20 years of service) with one of the most attractive retirement packages available anywhere and ample time to continue a rewarding civilian career.

ELIGIBILITY CRITERIA:

In order to be eligible for commission and resident selection, the applicant must:

- a. be a U.S. citizen between 18 and 37 years of age (Under certain conditions, liberal waiver for age may be possible. Please inquire.)
- b. meet the requirements for commissioning in the USAF including Air Force physical examination
- c. be enrolled in a program in clinical psychology, counseling psychology, or combined professional psychology that is accredited by the American Psychological Association.
- d. satisfactorily complete all academic and practica requirements for the PhD or PsyD in clinical, professional or counseling psychology from an APA-accredited program except for the internship and dissertation. This includes the minimum of the completion of preliminary and comprehensive examinations, and formal approval of a dissertation project by the academic department. Upon accepting an Air Force internship, applicants accept the restriction that their dissertation (or equivalent) proposals will be successfully defended and accepted by their academic programs no later than 1 July preceding their start of the internship program. Completion of the dissertation prior to internship is strongly encouraged to allow for full participation in the wealth of experiential and research opportunities available during the residency.

Note: Candidates whose degree programs were in some area other than clinical psychology, counseling psychology or professional psychology will be treated as cases of "respecialization". USAF residency programs follow guidelines for respecialization published by the American Psychological Association and endorsed by the Association of Psychological Postdoctoral and Internship Centers. In general, applicants who are in the process of respecialization must document the fact that they have completed an integrated program of pre-residency academic courses and practica which is the equivalent of an APA-accredited program in a sub-area of professional psychology. Respecialization candidates should consult publications from the American Psychological Association for current and specific guidelines governing respecialization in professional psychology. We adhere rigorously to those guidelines.

PROFESSIONAL RESPONSIBILITIES:

The position of clinical psychologist in the Air Force is essentially comparable to that of a civilian psychologist. After the training program, duties depend primarily upon the needs of the clinic or Air Force community in which one works, one's interests, and one's skills. Even in initial duty assignments, however, Air Force psychologists are often given levels of responsibility and autonomy rare in other contexts. It is not uncommon for our graduates to move directly into positions as Chief Psychologist at a small mental health center or Service Chief at a larger facility, immediately assuming responsibilities for planning as well as participating in service delivery systems. Our programs train people for such responsibilities, and our graduates function comfortably and well with such responsibilities. For those who decide to leave the Air Force after their initial assignment, the experience gained in these assignments makes them particularly competitive in seeking non-military employment.

ASSIGNMENTS:

Although specific assignments following the residency are primarily based on the needs of the Air Force, psychologists' preferences are weighed as much as possible in determining assignments. Assignments are available in a wide range of settings across the United States and several foreign countries. There are no assignments where families cannot accompany the psychologist. There may be rare instances, however, in which the psychologist may find it necessary to precede his/her family by up to two months. There are a limited number of positions in Germany, England, Spain, Japan, Turkey, Philippine Islands, and Italy. These overseas positions are typically unavailable as first assignments, although Air Force needs and the psychologist's preferences may occasionally dictate deviation from that policy.

VACATIONS, HOLIDAYS, OTHER ABSENCES:

Officers accrue 30 days of personal leave each year. Due to the intensive requirements of the training programs, however, there is a more stringent limit on total time permitted away from training. Interns are permitted vacations, sick leave, professional leave, necessary visits to their academic programs, and time to seek housing at the assignment base, but all such time away from training must be within the limits set by the program, and each program sets these limits differently. In all cases, unused leave time can be accumulated for future use. All training programs honor legal federal holidays which do not count toward the limited "time away from training."

APPLICATION PROCEDURE:

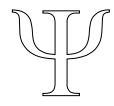
Complete application instructions and forms are appended to this brochure. Should someone have removed those forms and instructions from your copy, simply contact one of the training directors listed below, or call your nearest Air Force **medical** recruiter. You may call any Air Force recruiting station for the exact location, phone number, etc., of the nearest Air Force **medical** recruiter.

All application materials must be received by January 1 for the residency year beginning the following August. Since applicants must first qualify as potential Air Force officers, this application process is more complex and time-consuming than others. Applicants should begin the process as early in the academic year as possible (e.g., September) to avoid missed deadlines and lost opportunities.

TRAINING SITES:

While all three internship programs hold to the same high standards and general goals, each has its distinctive character and emphases. Information about each site can be obtained from the Director of Psychology Training at that facility. Applicants are encouraged to contact training directors early in the application/selection process:

Robert K. Klepac, PhD, GM-15 Director of Psychology Training Department of Psychology/ MMCP Wilford Hall Medical Center Lackland AFB San Antonio, TX 78236 (210) 292-5949 bobappic@aol.com Robert.Klepac@lackland.af.mil	LtCol Laura L. Poole, PsyD Mental Health Flight/SGOHE Wright-Patterson Medical Cr 74 th Medical Group 4881 Sugar Maple Drive Wright-Patterson AFB Dayton, OH 45433-5529 (937) 257-2813 Laura.Poole@wpafb.af.mil	LtCol Robert Wilson, PhD Department of Psychology Malcolm Grow Medical Center 1040 Boston Road Andrews AFB, MD 20762-6600 (240) 857-7186 Robert.Wilson@mgmc.af.mil
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APPLICATION INSTRUCTIONS

USAF Psychology Residency (Internship) Programs

NOTE: Official applications must be submitted through the Air Force Medical Recruiter serving your geographic area. For careful consideration of your application, copies of materials relevant to professional qualifications must also be submitted to one of the Air Force Training Directors. See items 6 and 7 below.

1. Submit a completed **Applicant Summary Form** (enclosed).
 2. Submit a completed copy of the APPIC Standardized Internship Application Form (APPI)
 3. Submit **official transcripts** of all college and graduate level courses.
 4. Arrange for a minimum of three supporting letters from your professors, program directors, supervisors or others familiar with your psychological skills, academic training, or supervised clinical experiences. General "character references" may supplement, but not replace these letters addressing your specific skills and training. If a letter is used to supplement the Certification by Program Director (item 4), this may count as one of the three required letters.
 5. **Certification by Academic Program Director** (form enclosed). Your program director must complete the enclosed form testifying to the status of your dissertation project. We strongly encourage application from those whose dissertations will be complete prior to the start of our program: at the very least, all data collection should be complete before the start of the residency year.
 6. Submit a **Curriculum Vitae**, listing honors, publications, clinical experiences, and other information relevant to your training and performance in psychology.
 7. Original and official copies of these materials should be taken to your nearest **Air Force medical recruiter**. A phone call to any Air Force recruiting station will yield the exact location and phone number of the medical recruiter for your region. The medical recruiter is critical to the application process, providing information and assistance to you throughout the application process, and s/he is particularly important in completing requirements to qualify as an Air Force officer. Questions specific to psychology or the psychology internship programs are better addressed to one of the three internship training directors.
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|---|
| 8. Unofficial photocopies of all materials mentioned above should be also be submitted to the Director of Psychology Training at one of the training sites: Malcolm Grow, Wilford Hall, or Wright-Patterson Medical Centers. These unofficial materials should be sent to as early as possible in the application process. |
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9. You will automatically be considered for programs at all three training sites. You are strongly encouraged to learn enough about each of the three sites to support ranking them all in the APPIC match process..
 10. Questions about the military application process and qualification as an Air Force officer should generally be directed to your medical recruiter. Issues relevant to the profession of psychology or the specifics of the training programs should be directed to the director of training at your preferred site. You may call or write at any time. We welcome contact as early in the application process as possible.
 11. An interview with the Training Director at one of the training sites is required. On-site interviews are not required but are encouraged, and will be arranged for any interested applicant at any of our training sites. Phone interviews with the training directors can be arranged if on-site interviews are not possible. Applicants are encouraged to arrange a Training Director interview early in the application process.
 12. USAF residency programs adhere rigorously to APA guidelines and principles for program content, and APPIC guidelines for interacting and negotiating with applicants. **Applicants are expected to support these guidelines as well.** A copy of the APPIC guidelines is available at www.appic.org.
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APPLICANT SUMMARY FORM

U.S. Air Force Psychology Residency Programs

Privacy Act Statement: Authority to obtain this information is Title 10, U.S. Code, Section 8012 Appointment; powers and duties delegated by the Secretary of the Air Force. This information will be used by the Graduate Health Education Selection Board in selecting applicants for admission into the Air Force Clinical Psychology Residency Programs. Disclosure is voluntary; without it, however, selection for these particular programs cannot be made.

Name: _____ **Date:** _____

Soc. Sec. number: _____ **APPIC match # (if known)** _____

Mailing address: _____

Date of birth: _____ **Sex:** _____ **e-mail:** _____

Phones: Home _____ **Office:** _____

Projected Degree: Ph.D. _____ Psy.D. _____ Other(specify) _____

University/location: _____

Department: _____

Program: Clinical _____ Counseling psych _____ Professional psych _____

Other (specify): _____

Is this program accredited by APA? Yes _____ No _____

Graduate GPA and psychology credit hours:

MS GPA: _____ (scale: 3/4 point _____) Number of Psych credits: _____

PhD GPA: _____ (scale: 3/4 point _____) Number of Psych credits: _____

DEGREES:

University	DATES:from/to	major	degree/date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Briefly describe your **dissertation or doctoral project**:

Describe any prior **military experience**:

Describe **awards, honors, publications**, or anything else you would like the selection board to consider.

Please provide information regarding your ACADEMIC TRAINING DIRECTOR

Name: _____

Title: _____

Mailing Address: _____

Office Phone: _____

e-mail address: _____